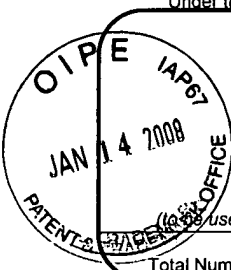


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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/772,013

Filing Date February 3, 2004

First Named Inventor John Santhoff

Art Unit 2611

Examiner Name Sam K Ahn

Attorney Docket Number 00116

ENCLOSURES (Check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard |
|--|--|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------|----------|--------|
| Firm Name | Pulse-LINK, Inc. | | |
| Signature | | | |
| Printed name | Peter R. Martinez | | |
| Date | January 9, 2008 | Reg. No. | 42,845 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|-------------------|------|-----------------|
| Signature | | | |
| Typed or printed name | Peter R. Martinez | Date | January 9, 2008 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008

JAN 14 2008

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 10/772,013 |
| Filing Date | February 3, 2004 |
| First Named Inventor | John Santhoff |
| Examiner Name | Sam K Ahn |
| Art Unit | 2611 |
| Attorney Docket No. | 00116 |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-3143 Deposit Account Name: Pulselink

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

| | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |
| Multiple dependent claims | 370 | 185 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|
| - 20 or HP = | x | = | | | | |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| - 3 or HP = | x | = | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental Information Disclosure (PTO/SB/08A&B) 180.00**SUBMITTED BY**

| | | | |
|-------------------|---|---|------------------------|
| Signature |  | Registration No. 42,845 (Attorney/Agent) | Telephone 760-607-0844 |
| Name (Print/Type) | Peter R. Martinez | Date January 9, 2008 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Docket No.: 00116

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

John SANTHOFF

Serial No.: 10/772,013

Filed: February 3, 2004

For: OPTIMIZATION OF ULTRA-
WIDEBAND COMMUNICATION
THROUGH A WIRE MEDIUM

)
)
) Group Art Unit: 2611

)
) Confirmation No.: 4091

)
) Examiner: Sam K Ahn

)
)

Carlsbad, California
January 9, 2008

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Dear Sir:

In accordance with 37 C.F.R. § 1.56, Applicants make the documents listed on the enclosed PTO/SB/08 form of record in the above-identified application. In accordance with 37 C.F.R. § 1.97, this statement is not to be construed as a representation that a search has been made, and is not a representation that the information cited is effective as prior art to the application or is material to patentability.

01/15/2008 WASFAW1 00000071 10772013

01 FC:1806

180.00 OP

Copies of the U.S. patents and published U.S. patent applications listed on the enclosed form PTO/SB/08 are not enclosed, in accordance with the waiver of the requirement of 37 C.F.R. § 1.98(a)(2)(i) for submitting a copy of each cited U.S. patent and U.S. patent application

publication for all U.S. national patent applications filed after June 30, 2003 that appears in the Official Gazette Notice (Week No. 31) dated August 5, 2003 and entitled "Information Disclosure Statements May Be Filed Without Copies of U.S. Patents and Published Applications in Patent Applications Filed After June 30, 2003."

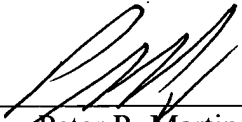
However, the three (3) foreign patent documents and the twenty-nine (29) non-patent literature documents listed on the PTO/SB/08 form are included for review and consideration.

This Supplemental Information Disclosure Statement is accompanied by the requisite fee as set forth in 37 C.F.R. § 1.17(p) in the amount of \$180.00.

It is respectfully requested that these documents be (1) fully considered by the U.S. Patent and Trademark Office in the examination of the above-identified application; and (2) printed on any patent(s) that may issue from this application. It is also respectfully requested that a copy of Form PTO/SB/08, as considered and initiated by the Examiner, be returned to the undersigned with the next communication in accordance with M.P.E.P. § 609.

Respectfully submitted,

January 9, 2008
Date



Peter R. Martinez
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Carlsbad, CA 92008
Telephone No.: (760) 607-0844